

Radiotherapy to the pelvis for gynaecological cancers

In the clinic today, you and your doctor have agreed that you are going to have radiotherapy treatment for your cancer. This leaflet explains what you can expect during and after your treatment and gives you some general advice and information.

What happens next?

You will be given time to discuss any concerns with the radiographer (a person trained to give radiotherapy) at your first appointment.

The Berkshire Cancer Centre is a training centre, so you may meet radiography students who may be involved with the delivery of your treatment under close supervision.

Planning treatment

We will contact you by telephone to arrange an appointment for the CT scan that forms part of the planning of your radiotherapy treatment. During this telephone call, please mention if:

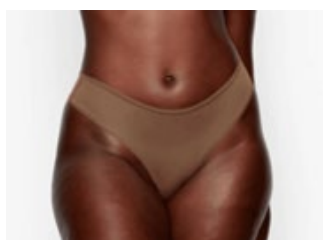
- You have not had a blood test taken in the last three months as we may require you to take one prior to the planning scan date.
- You have been admitted into hospital since your last blood test was taken.
- You have a pacemaker or other implanted cardiac device, as radiotherapy can affect some types of cardiac devices.
- You have diabetes.
- You have any kidney problems.

If you have not been called by the Radiotherapy Planning Department within a week of today's appointment, then you can contact us on the number below, leaving a message on the answer phone if asked. Telephone: **0118 322 7872** or email: radiotherapy.planning@nhs.net

Monday-Friday 8.30am-4.30pm

If you have any problems with travel or appointment times, please mention these when you are contacted about your planning scan appointment and we will do our best to help you. Please allow two hours for this planning appointment.

Prior to planning and treatment you may wish to purchase some underwear suitable to wear for treatment. Underwear should be made of plain cotton (no bows or lace) and be as skimpy as possible. Most plain high leg thongs or bikini style knickers would be suitable. Please ensure you buy a size or two bigger than your usual size to avoid pulling on the skin.



What are the benefits of radiotherapy?

Radiotherapy works by using high energy X-rays to kill cancer cells. Our bodies consist of different cells and all cells have the ability to divide and grow. If radiation hits a cell that is dividing, it will be damaged. Unlike normal cells, cancer cells are much less able to repair the damage, meaning that more of them will be destroyed.

Depending on the nature of your illness, you will be prescribed between 25 and 28 treatments. You will get treatment daily and your oncologist (doctor specialising in cancer) will discuss with you the number of treatments that you need.

When recommending radiotherapy, your doctor will have taken into account the risks and benefits of the treatment. Although there are risks and side effects, it is felt that the advantages for you outweigh the disadvantages.

Pregnancy

Patients with childbearing capacity must not be pregnant or become pregnant at any time during a course of radiotherapy, as radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period or suspect that you may be pregnant, before you are exposed to any radiation.

Patients with childbearing capacity will be asked to confirm their pregnancy status prior to planning the radiotherapy and again on the first day of radiotherapy treatment. This applies to all those with childbearing capacity between the ages of 10-56 years, and is a legal requirement.

Patient identification

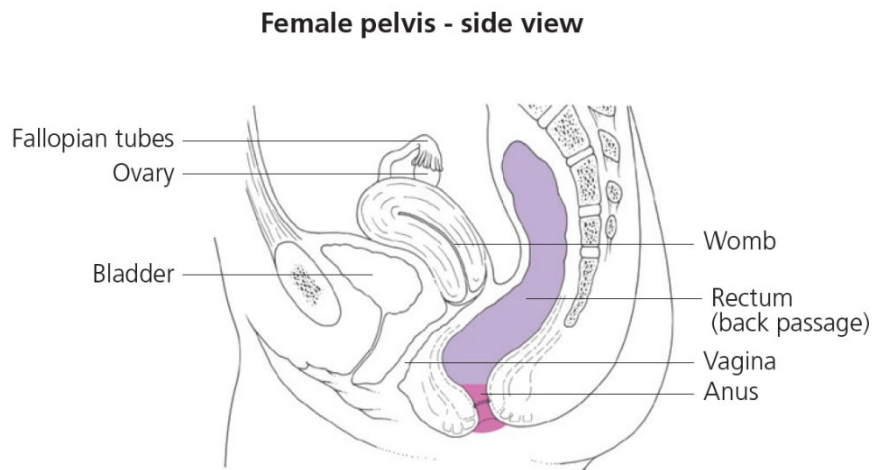
The hospital has a policy to ensure the correct patient is identified for their scan or treatment each time they attend an appointment. This will be done by our staff asking you to confirm your full name, your date of birth and the first line of your address. You may be asked this by different staff members, so please bear with us, but we take great care to ensure the correct patient identification checks are undertaken.

Consent to treatment

After discussing your treatment options with you, your doctor will complete a consent form. We will ask you to sign this form once you have had some time to think about these treatments. Your signature confirms that you are willing to continue with this treatment plan.

The areas being treated

This diagram may be useful to help you understand where your cancer is and the area to be treated with radiotherapy. Your doctor may draw on it to help explain your treatment.



Compassionate

Aspirational

Resourceful

Excellent

Chemotherapy

Your doctor may recommend some chemotherapy as well as radiotherapy. Chemotherapy is the use of drugs to treat cancer. If your doctor feels you might benefit from this treatment, he or she will discuss this with you. The staff will give you a leaflet with specific information about the type of chemotherapy that you are going to have.

CT scan – your planning appointment

Before the scan starts, one of the radiographers will explain what is going to happen and answer any questions.

If you have a pacemaker, you must notify the radiographers prior to treatment.

You will be required to have a comfortably full bladder for this procedure; however, you will be told how and when to do this by the radiographers. **Tampons and menstrual cups must be removed prior to the CT scan and should not be used during the treatment course.**

During your CT scan, you will lie on your back on the CT couch. The radiographers will draw some pen marks on your pelvis/ abdomen with a washable pen. Some markers are then placed on your skin that will show up on the scan. Measurements are then taken to record the position for treatment. The radiographers will then leave the room to start the scan. During the scan you will move through the scanner; however, you will not see or feel anything. You can breathe normally throughout the scan.

The scan will take approximately two minutes. It will not hurt but it is very important that you stay very still during the scan. The radiographers are watching you throughout the whole procedure.

Contrast injection (dye)

The doctor may have asked for you to have an injection of contrast for the scan. Not everyone will have this but for some patients it is helpful as it shows more detail.

You may have had an injection of contrast for scans before. It involves having a cannula, which is a bendy tube, inserted into your arm or hand using a needle. The needle is only used to position the cannula and is removed once the cannula is in place. The cannula that is left in your vein is there to inject the contrast through. The radiographers will let you know when the injection is about to start.

The contrast injection may create a very warm feeling for about 20 seconds. This is often concentrated around the pelvis and groin area spreading down the thighs. It may also give you a metallic taste in your mouth. These are all common side effects and disappear quickly.

The cannula will be removed about 30 minutes after your CT scan is finished.

If you have had an allergic reaction to contrast dye before, you must tell the radiographers before your scan.

After your CT scan, you will be given the date and time for your treatment appointment. This will be approximately 2-3 weeks after your CT scan. This allows us to use your CT scan images to produce a computerized plan of your treatment.

We can give you a parking permit if you or a friend or relative drives you to the hospital for your appointments. You will also be shown where to report for your first treatment appointment.

Your first radiotherapy treatment

When you arrive for your treatment, please check in at Radiotherapy Reception and take a seat in the treatment waiting area. A member of the radiotherapy team will call you in for your treatment.

On your first treatment, you will have a chat with a radiographer who will be treating you.

They will:

- Check your details.
- Give you a list of the first week's appointment times.
- Discuss the treatment procedure.
- Outline the potential side effects.
- Tell you which day your doctor/ review radiographer will see you during the treatment.
- Answer any questions you might have.

What happens during treatment?

Each time you attend the department for treatment, we need to ensure we are treating the correct person. As you enter one of the treatment areas, we will ask you to identify yourself by telling radiographers your name, date of birth and first line of your address. The staff will check this information against all your treatment information.

You will be positioned on the treatment couch, as you were for your planning scan, and you will need to have a full bladder for this and every subsequent treatment. Our treatment machines have a camera system attached that uses infrared lights to help us get you into the correct position and will also detect movement during the radiotherapy. You will need to remove your clothing from the waist down for the camera system. You may feel a bit exposed, but it will only be your treatment team that is present with you. You will not feel anything from the infrared light and it will not affect or hurt your eyes so you can keep them open if you wish. **Please do let us know if you are light sensitive.**

All the measurements for your treatment will be set and checked. The machine will then move to the first treatment position. The radiographers then leave the room to deliver your treatment. During the radiotherapy treatment, it is very important you remain still, breathe normally, as you did during CT scan.

During your first five treatments, we will take a CT scan to confirm your treatment position before the treatment. This is then repeated weekly or more frequently, as required. These scans are used for position checking only. They do not show us how the treatment is working.

The radiographers check all the details of your treatment plan before going out of the treatment room, as they operate the machine from outside of the treatment room. Although you are alone in the room, we will be watching you on CCTV. If you need a radiographer during the treatment, raise your hand clearly and a radiographer will stop the treatment and come into the room. You will not see or feel anything during the treatment but you will hear a buzzing noise as the treatment is delivered.

The total time of your first treatment will be approximately 30 minutes. Subsequent treatments should take between 10 and 15 minutes.

Once we have started treatment, we aim to go through it without any breaks or days off. However, we know that circumstances do sometimes arise where either you cannot come for treatment or for technical reasons (e.g. a machine breakdown) we are not able to deliver to the

original schedule. If any treatments are missed, then they will be added to the end of the course. This will not change the effectiveness of treatment and in the event of repeated delays, you will be given more information. If there are any short notice changes of appointments times, we ask for your understanding and patience while staff work hard to rearrange your appointment.

Radiotherapy does not make you radioactive and it is perfectly safe for you to be with other people, including children, after your treatment.

After treatment

Possible side effects

Side effects and their intensity will vary from patient to patient – everyone is different and reacts differently to treatment. It is important to let the radiographers know of any side effects that you experience. Most side effects will gradually start from approximately two weeks into your course of treatment and may continue for 2-3 weeks after your treatment is completed.

- **Skin reaction:** You may experience a skin reaction on the area we are treating. This begins as a mild reaction similar to sunburn and may become dry and itchy. In some cases, the reaction may become more severe, similar to bright red sunburn. A reaction is quite likely in the natural skin folds, for example in the groin area.

To reduce the skin reaction, we advise that you:

- Apply any moisturising cream twice a day to moisturise the treatment area although you should avoid applying the cream one hour before your treatment. You should avoid creams containing Sodium Lauryl Sulphate.
- Only use non-perfumed soaps such as simple soap or baby soap in the treatment area.
- Towel dry the treatment area by patting not rubbing the skin, ideally, where possible, allow skin to dry naturally.
- Avoid applying hot or cold heat sources to the treatment area.
- Avoid exposing the treatment area to the sun.
- Try to keep natural fibre clothing against your skin.

If you experience any itching in the treatment area, please let the radiographer know and you will be referred to review radiographer for guidance.

You may find that you lose some of the hair in the area being treated. This usually grows back but sometimes hair loss can be permanent.

If you experience any pain or discomfort, you can take painkillers, such as paracetamol, following the dosage instructions on the packaging.

- **Tiredness:** Radiotherapy can make you feel tired, as can the anxiety and travelling for the treatment. The tiredness may start whilst you are having treatment and continue for a number of weeks after the treatment has finished. Many patients continue to work throughout their treatment but if tiredness becomes a problem, you may need to take time off work.

If necessary, you should allow extra time for a rest, for example an afternoon nap. If possible, spread your chores out over the week.

There is no reason why you should not continue with your usual daily activities if you feel able and many people find it beneficial to maintain gentle exercise each day throughout their course of radiotherapy.

Keeping hydrated by drinking 6-8 cups of water per day, limiting caffeine such as tea and coffee (or replace with decaffeinated versions) can also help to keep you alert.

- **Urinary symptoms:** During your treatment, the sensitive lining of your bladder may become irritated by the treatment. This may cause a burning feeling when you pass urine. You may need to pass urine more frequently and with a greater sense of urgency. This usually improves when you have finished your treatment. This can be helped by ensuring you increase your fluid intake but try to avoid excess tea, coffee and alcohol.
Some patients find that drinking cranberry juice and lemon barley helps to settle this irritation. If you are taking the drug Warfarin, avoid cranberry juice as it can have an effect on the drug. If the pain increases or you are unable to pass urine you must tell the radiographers as soon as possible.
- **Changes in bowel habits:** Changes may involve the need to go urgently and frequently, diarrhoea, straining, a general feeling of discomfort in the rectum, bleeding or mucus from the bottom. These symptoms may be caused by the radiotherapy affecting healthy cells, making them irritated, sore and inflamed (proctitis).
- **Nausea:** Very occasionally, you may feel sick during your radiotherapy treatments, your taste changes or you go off your food. This is more likely to happen if you are having chemotherapy. Let the nurses or doctors looking after you know because they can suggest things that may help.
- **Vaginal side effects:** This treatment causes infertility, which is permanent and very likely to induce the menopause during the next 3 to 4 months after treatment in women who are still having regular periods. Your doctor may advise you to start hormone replacement therapy (HRT) if your symptoms are troublesome.
If infertility is an issue for you and your partner, please let the doctor who is planning your treatment know so that this can be discussed further with you. If appropriate, they can arrange for you to see a fertility specialist urgently.
Radiotherapy treatment can affect the vagina causing changes, these include vaginal scarring (fibrosis), shortening and tightening of the vaginal space (stenosis) and the walls of the vagina may stick together (adhesions). To prevent these occurring the radiographers will explain the use of vaginal dilators towards the end of treatment. We will give you an information sheet about this. Some long-term side effects that may occur less frequently are development of a small hole in the vaginal wall (fistula).
You must make sure you avoid using tampons or menstrual cups throughout your course of radiotherapy treatment.
- **Sexual relations:** During your treatment with radiotherapy, the top of your vagina can become inflamed and women may find intercourse uncomfortable. A course of radiotherapy is the equivalent of a major operation, and it may be some months before you feel interested in the physical aspect of your relationship and your vagina is fully healed and comfortable, however everybody is different and there is no need to avoid having sex if you wish to continue. Many women find that their vagina is a little dry and at first, it may be helped by using a vaginal moisturiser for day-to-day dryness and/or YES lubricant during intercourse or with a dilator. YES lubricant can be purchased online, ordered from pharmacies or available on prescription. If these problems last for weeks or months after treatment, please contact

our Radiotherapy Sexual Care Team, as we would like to help you get back to your normal life-style. Sex is not harmful to you and will not make the cancer return. You can contact our Radiotherapy Sexual Care Team on 0118 322 8869 or sexualcareafterrt@royalberkshire.nhs.uk

Radiotherapy videos

The Trust has produced a set of useful videos explaining the process for people undergoing radiotherapy treatment. Visit <https://www.royalberkshire.nhs.uk/wards-and-services/radiotherapy-videos.htm>

Contact details

Lisa Clarke Gynae Nurse Specialists: 0118 322 8195, Pager: 40600
Lisa Revans Gynae Review Radiographer: 0118 322 8869
Berkshire Cancer Centre: 0118 322 7888 (9am-5pm)
Radiotherapy Clinic: 0118 322 7890 (9am-5pm)
Macmillan Cancer Information Centre: 0118 322 8700

Further information

Macmillan Cancer Support Tel: 0808 808 0000 www.macmillan.org.uk

Hospital Patient Advice & Liaison Service (PALS) Team Tel: 0118 322 8338 or email PALS@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Lisa Revans: Gynaecological Review Radiographer, December 2022
Next review due: December 2024